

Chronic Disease Indicators: Indicator Definition



Physical inactivity among adults aged ≥ 18 years with arthritis

Category:	Arthritis
Demographic Group:	Resident persons aged ≥ 18 years.
Numerator:	Respondents aged ≥ 18 years who report doctor-diagnosed arthritis and no leisure time physical activity. Includes respondents reporting no activity when asked six questions about frequency and duration of participation in nonoccupational activities of moderate and vigorous intensity (i.e., lifestyle activities). All other respondents were classified as active.
Denominator:	Respondents aged ≥ 18 years who report doctor-diagnosed arthritis (excluding unknowns and refusals).
Measures of Frequency:	Annual prevalence with 95% confidence interval.
Time Period of Case Definition:	Current.
Background:	There are about 46 million adults with doctor-diagnosed arthritis and 18.9 million have arthritis-attributable activity limitation*. In 2003 arthritis cost an estimated \$128 billion (direct medical and indirect costs)**.
Significance :	Monitoring the prevalence of inactivity among people with arthritis is important because increasing physical activity has been shown to have significant benefits for people with arthritis, including reductions in pain and improvements in physical function, mental health, and quality of life.
Limitations of Indicator:	Doctor-diagnosed arthritis is self-reported in BRFSS and was not confirmed by a health-care provider or objective monitoring; however, such self-reports have been shown to be acceptable for surveillance purposes***. Physical activity is also self-reported. Comparisons of tabular data between states should be made with caution because the prevalence estimates are not adjusted for population characteristics (e.g., age) that might explain state-to-state differences. Unadjusted data are presented in this report to provide actual estimates to help in state-level program planning.
Data Resources:	Behavioral Risk Factor Surveillance System (BRFSS). http://www.cdc.gov/arthritis/data_statistics/index.htm
Limitations of Data Resources:	As with all self-reported sample surveys, BRFSS data might be subject to systematic error resulting from noncoverage (e.g., lower telephone coverage among populations of low socioeconomic status, exclusion of people without land lines, persons in the military, or those residing in institutions), nonresponse (e.g., refusal to participate in the survey or to answer specific questions), or measurement (e.g., social desirability or recall bias).
Healthy People 2010 Objectives:	No objective.

* Hootman JM, Helmick CG. Projections of US prevalence of arthritis and associated activity limitations. *Arthritis Rheum* 2006;54:226–9.

** Yelin E, Cisternas M, Foreman A, Pasta D, Murphy L, Helmick C. National and state medical expenditures and lost earnings attributable to arthritis and other rheumatic conditions—United States, 2003. *MMWR* 2007;56(1):4–7.

*** Sacks JJ, Harrold LR, Helmick CG, Gurwitz JH, Emani S, Yood RA. Validation of a surveillance case definition for arthritis. *J Rheumatol* 2005;32:340–7